

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Matthew Hayhurst			2. PHONE NUMBER 406-543-6646		3. DATE 1/14/20	
4. MAILING ADDRESS PO BOX 9199			5. E-MAIL ADDRESS mhayhurst@boonekarlberg.com		6. CITY Missoula	7. STATE MT
8. ZIP CODE 59807-9199		9. JUDGE Brian Morris		10. CASE NAME Washington v. Goettsche		
11. U.S. DISTRICT COURT CASE NUMBER 2:20-cv-00002-BMM-KLD			12. COURT OF APPEALS CASE NUMBER			
13. ORDER FOR						
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER - Specify						
14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.						
PORTIONS		DATE(S)	REPORTER	PORTIONS		DATE(S)
Change of Plea				Closing Argument - Plaintiff		
Pre-trial Proceeding				Closing Argument - Defendant		
Voir Dire				Settlement Instructions		
Opening Statement - Plaintiff				Jury Instructions		
Opening Statement - Defendant				Sentencing		
Testimony - Specify Witness				Other - Specify		
				Motion Hearing		1/10/20
						Y. Heinze
15. ORDER						
CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED Each format is billed as a separate transcript copy.		
				Paper		Electronic Specify File Format
30-Day (Ordinary)	\$3.65/page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
3- Day	\$5.45/ page <input checked="" type="checkbox"/>	\$1.05/ page <input type="checkbox"/>	\$.75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input checked="" type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT						
<p align="center">E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.</p> <p align="center">If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing.</p> <p align="center">Financial arrangements must be made with the court reporter before transcript is prepared.</p>						
I certify that this form has been served on the court reporter this date: <u>1/14/20</u> Attorney signature: <u>/s/ Matthew Hayhurst</u>						